ANNUAL COST REPORT -- SCHEDULE D-3 -- OTHER OPERATING COSTS

Salaries-Office Staff Other Salaries Other Salaries Other Salaries Subbotel-Salaries Management Fees Board of Directors Fees Workmen's Compensation Unemployment Insurance Life Insurance Telephone Supplies Compession Office Supplies Equipment Rental	97 80 82 83 88 88 88 88 89 90 92 93 94	Effective Page 900.11 Date $10-1-90$
Management Salaries Management Fees Mome Office Coats Board of Directors Fees Morkmen's Compensation Medical Insurance Medical Insurance Medical Insurance Telephone  Telephone  Equipment Rental	97 80 81 83 88 88 88 89 89 89 90 91 91 91	10-1-90
Management Salaries Management Fees Mome Office Coats Board of Directors Fees Morkmen's Compensation Medical Insurance Medical Insurance Medical Insurance Telephone  Telephone  Equipment Rental	97 80 81 83 88 88 88 89 89 89 90 91 91 91	10-1-90
Other Salaries Other Salaries Subotal - Salaries Management Fees Home Office Costs Board of Directors Fees FICA Medical Insurance Medical Insurance Medical Insurance Iffe Insurance	97 80 82 83 88 88 78 89 90 90 91 92	10-1-90
Other Salaries Other Salaries Subotal - Salaries Management Fees Home Office Costs Board of Directors Fees FICA Medical Insurance Medical Insurance Medical Insurance Iffe Insurance	97 80 82 83 88 88 78 89 90 90 91 92	10-1-90
Other Salaries Other Salaries Subosel-Salaries Management Fees Home Office Costs Board of Directors Fees FICA Unemployment Insurance Medical Insurance Life Insurance Life Insurance	97 80 82 83 88 88 78 88 99 90 90	10-1-90
Other Salaries Other Salaries Subotal - Salaries Management Fees Board of Directors Fees FICA Unemployment Insurance Medical Insurance Medical Insurance	79 80 82 83 84 86 88 87 88 89	10-1-90
Other Salaries Other Salaries Subotal - Salaries Management Fees Board of Directors Fees FICA Unemployment Insurance Medical Insurance	97 80 18 28 18 88 88 88 88	10-1-
Other Salaries Other Salaries Other Salaries Subotal-Salaries Management Fees Board of Directors Fees FICA Workmen's Compensation Unemployment Insurance	97 80 82 83 84 84 86 86 88	10-1
Other Salaries  Other Salaries  Substal-Salaries  Management Fees Home Office Costs Board of Directors Fees FICA Workmen's Compensation	97 98 18 28 88 84 88 88	10-
Other Salaries Other Salaries Other Salaries  Management Fees Home Office Costs Board of Directors Fees FICA	90 80 82 83 84 84 86 88	-
Other Salaries  Other Salaries  Subscell-Salaries  Management Fees Home Office Costs Board of Directors Fees	79 80 83 84 84 85	
Other Salaries  Other Salaries  Subsolat-Salaries  Management Fees Home Office Costs	79 80 81 83 83	Effective Date
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Other Salaries Other Salaries	97 08 18	Effecti Date
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Other Salaries	64	Effe
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Salaries-Administrator		
	92	
Sensor & General and Market and M		
Total Laundry Exponso	22	
Other Laundry Expense	14	
Wher Laundry Expense	73	Q
Other Laundry Expense	72	1990
Outper Laundry Expense	04	<b>00</b>
		64
Ther Laundry Expense	89	SEP
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TENDOR NAME		Approvar Date
	VENDOR NAME  (1)  (2)  Panndry Expense Other Laundry Expense  Salaries-Officers  Salaries-Officers	Pod Laundry Contracted Services  65 Laundry Contracted Services  66 Other Laundry Expense  69 Other Laundry Expense  70 Other Laundry Expense  71 Other Laundry Expense  72 Other Laundry Expense  73 Other Laundry Expense  74 Other Laundry Expense  75 Salaries & General  76 Salaries-Officers  76 Salaries-Officers

## ANNUAL COST REPORT -- SCHEDULE D-3 -- OTHER OPERATING COSTS

PAGE 4

ppr	VENDOR NAME			VENDOR NUM	IBER			FYE	
ω 3	(1)	(2)	(3)	(4)	(5)	(6)	$\sigma$	(8)	. (9)
OVa		İ	1			Direct	Certified	Non-Certified &	Ancillary
ä,		Per	Reclass-	Adjust-	Adjusted	Cost or	Nursing Facility	Non-Nursing Fac.	Hospital-Based
. ' '		Books	ifications	ments	Balance	Alloc.	Alloca. of Costs	. Alloca. of Costs	Facility Only
}	98 Contracted Services		·	<del>                                     </del>					\$ 20 your
- 1	99 Utilization Review		<del></del>	<del> </del>					
38	100 Travel & Seminars			<del> </del>					
1 Te	101 Advertising-Help Wanted		·	1	<del></del>				
<b>  %</b>	102 Advertising-Other			<del>                                     </del>					
•••	103 Small Equipment Purchases			<del> </del>	† <del></del>				
1 _	104 Licenses & Fees			1	<del> </del>			- <del> </del>	
1990	105 Interest Expense-Non-Capital				1			· · · · · · · · · · · · · · · · · · ·	
9	106 Other Expense			<del></del>					
1	107 Other Expense			<del> </del>	1		<u> </u>		4
,	108 Other Expense								67
1	109 Other Expense		· · · · · · · · · · · · · · · · · · ·						- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
ļ	110 Other Expense				1				
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а <del>1</del> т	113 Other Expense								
ወ ወ	114 Other Expense								**
ũ	115 Other Expense								
<b>#</b> .	116 Other Expense			1					· .
Ve	117 Other Expense			1	1				
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Ļ	119 Other Expense			1					are the second
→	120 Other Expense								
0	121 Other Expense								
1	122 Other Expense								S**
11	123 Other Expense								
90	124 Other Expense								_
	125 Other Expense								
P <b>age</b>	126 Other Expense								
ž	127 Other Expense								. 51
900.12	128 Other Expense								31
72	129 Other Expense								The state of the s
,	130 Other Expense								The state of the s
	131 Total Admin & Classes Form				,	r	•		

ıdd	VENDOR NAME			VENDOR NUM	BER			FYE	
Approval	(1)	(2)	(3)	(4)	(5)	(6) Direct	(7) Certified	(8) Non-Certified &	(9) Ancillary Hospital-Based
		Per Books	Reclass- ifications	Adjust- ments	Adjusted Balance	Cost or	Nursing Facility Alloca, of Costs	Non-Nursing Fac. Alloca. of Costs	Facility Only
	1 Depreciation-Building	BOOKS	Incadods	menus	Delance	Alloc.	Alloca, of Costs	Alloca, of costs	raciny omy
	2 Depreciation-Equipment								
<u>C</u> 2	3 Interest Expense-Capital Related	,							
© <b>€</b>	4 Rent								
100	5 Land Improvements								
<b>O</b> 77	6 Leasehold Improvements								
	7 Amortization of Start-up Costs							•	
1683 1683	8 Other Capital Costs								
<b></b> )	9 Other Capital Costs								
	10 Other Capital Costs								
	11 Other Capital Costs								
	12 Other Capital Costs								
	13 Other Capital Costs		·						
J Hi	14 Other Capital Costs				,				
ע ⊢ ל ⊢	15 Other Capital Costs								
e C	16 Other Capital Costs								<u> </u>
Ü	17 Other Capital Costs								
tiv	18 Other Capital Costs								<del> </del>
V e	19 Other Capital Costs  20 Other Capital Costs								
	21 Other Capital Costs					<del></del>		<b></b>	<del> </del>
	22 Other Capital Costs							<u> </u>	
_	23 Total							<del></del>	
ĺ				<u></u>				<u> </u>	1
10-1-90	•								
Š_	Grand Totals	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Pag	24 Totals of Schedules D-1 through D-4				14	1000			<u> </u>
Page 900.13	25 Total of Schedule D-5, Column 8		35. July					4	<b>!</b>
8	26 Total Routine CNF Cost								er de la companya de
.13	27 Totals from Schedule D-5						San State Contract		
	28 Total Cost	,					1 (13.00 PM 20 11.00 PM		

) (P)									•
Appr		VENDOR NAME			VENDOR NUM	1BER		FYE	
אַ		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
oval				1					CNF
a			Per	Reclass-	Adjust-	Adjusted	Direct	Indirect	Indirect
_			Books	ifications	ments	Balance	Costs	Coets	Costs
		Physical Therapy				<u> </u>			
		Physical Therapist Assistants Salaries							
· :	3	Physical Therapist Aides Salaries			ļ			<u> </u>	
70	4	Other Salaries		<u> </u>	ļ				
₩.	5	Subtotal-Salaries			ļ				
<b>0</b> 11	6	• • •						<u> </u>	
	-	Contracted Services			<u> </u>			<u> </u>	,
*		Equipment Depreciation						ļ	
-		Other Expenses		ļ	ļ	ļ			
		Other Expenses		<u> </u>	1	l			
		Hospital-Based Indirect Ancillary	(Sc	th. D-4, Line 24, C	ol. 9 X Sch. F, S	ection B, Line 3, Col	. 4)		
	12	Total		<u> </u>					
		X-Ray			<u> </u>				1.0
J EJ		Professional Salaries						ļ	
Effective		Other Salaries							
9 0	15				ļ				
iŤ		Employee Benefits Reclassification		ļ	ļ				
Ϊ́Δ		Supplies		<u> </u>	<u> </u>				ļ
O)		Equipment Depreciation		·	ļ		····		
		Other Expenses		1 0 4 11 - 24 6	1 0 4 0 4 5 6			-	
_		Hospital-Based Indirect Ancillary	(50	cn. D-4, Line 24, C	701. 9 X Scn. F, S	ection B, Line 4, Co	1. 4)	<del> </del>	
101	21							<del></del>	
		Laboratory							,
1		Professional Salaries			1				
9	23				<u> </u>				<u> </u>
	24				<u> </u>				
8	25								
Page 900.14	26	- · • • •					<u></u>		
9.	27				ļ			<del>-</del>	<del> </del>
. *	28			1	1	1	<u> </u>	<b></b>	
	29	,	(\$	ch. D-4, Line 24, (	301. 9 X Sch. F, S	ection B, Line 5, Co	1. 4)		·
	30	Total	1	I	1	1	1	'	•

# ANNUAL COST REPORT -- SCHEDULE D-5 -- ANCILLARY COSTS

PAGE 2

at qq	VENDOR NAME			VENDOR NUM	1BER		FYE	_
rov	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8) CNF
a L		Per	Reclass-	Adjust-	Adjusted	Direct	Indirect	Indirect
		Books	ifications	ments	Balance	Costs	Costs	Costs
	Oxygen/Respiratory Therapy							
- 1	31 Respiratory Therapist Salaries							
ြ	32 Respiratory Therapist Assistants Salaries			ļ				
TP	33 Respiratory Therapist Aides Salaries		<b></b>	<b></b>				
100	34 Other Salaries			ļ				
00	35 Subtotal-Salaries		<del></del>				ļ	
	36 Employee Benefits Reclassification 37 Supplies	····		<del> </del>	<del> </del>		<del> </del>	
1990	38 Equipment Depreciation			<del> </del>	· · · · · · · · · · · · · · · · · · ·			
10	39 Other Expenses		+	<del> </del>	<u> </u>			
'	40 Other Expenses		· · · · · · · · · · · · · · · · · · ·	<del> </del>		····		
1	41 Hospital-Based Indirect Ancillary	(Sc	ch. D-4, Line 24, C	ol. 9 X Sch. F, Se	ection B, Line 6, Co	1. 4)		
1	42 Total							
	<u>Speech</u>							•
E f	43 Professional Salaries							
tte	44 Other Salaries							
0 0	45 Subtotal-Salaries							
i i	46 Employee Benefits Reclassification							
₹.	47 Equipment Depreciation			1				
, O	48 Other Expenses		<b></b>	ļ	ļ	<b></b>	<b> </b>	
	49 Other Expenses 50 Hospital-Based Indirect Ancillary	<u> </u>	ch D 4 line 24 C	)	ection B, Line 7, Co	1.0		
, h	51 Total	(5)	CII. D=4, LIII0 24, C	701. 9 A SCII. F, SI	ection B, Line 7, Co	n. 4)	<u> </u>	
0							<u> </u>	
ļ÷	Other 52 Professional Salaries			<b></b>	<u> </u>	<u> </u>	<del> </del>	<u> </u>
-9	53 Other Salaries			<del>                                     </del>		-	<del> </del>	
0	54 Subtotel-Seleries	<del></del>	<del>- </del>	<del> </del>			<del> </del>	
ä	55 Employee Benefits Reclassification		<del></del>		<del> </del>		<del>                                     </del>	<del> </del>
<b>5</b>	56 Equipment Depreciation	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	
Page 900.15	57 Other Expenses						<del>                                     </del>	
5	58 Other Expenses		<u> </u>	1	<u> </u>		<del> </del>	
	59 Hospital-Based Indirect Ancillary	(S	ch. D-4, Line 24, (	ol. 9 X Sch. F, S	ection B, Line 8, Co	ol. 4)		
	60 Trital		1	1	1	1	1	·

Approval Date SEP 2 8 1990 Effective Date

ANNUAL COST REPORT	SCHEDULE D-5	- ANCILLARY COSTS
ANNUAL COST REPORT	ひしほじかしただ カーシ	ANCIELARI COSIB

PAGE 3

VENDOR NAME			VENDOR NUM	BER		FYE	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	ļ	İ					CNF
	Per	Roclass-	Adjust-	Adjusted	Direct	Indirect	Indirect
	Books	ifications	ments	Balance	Costs	Costs	Costs
Drugs							
56 Pharmicist Salarles							
57 Other Salaries							
58 Subtotal-Salaries							
59 Employee Benefits Reclassification							
60 Drugs							
61 Equipment Depreciation							
62 Other Expenses			ļ				
63 Other Expenses							
64 Other Expenses				ļ			
65 Other Expenses			<u> </u>			ļ <u> </u>	
66 Hospital-Based Indirect Ancillary	(Se	ch. D-4, Line 24, C	ol. 9, X Sch. F, S	ection B, Line 9, Co	H. 4)	<u> </u>	
67 Total			J			<u> </u>	

### ANNUAL COST REPORT-SCHEDULE D-6-RECLASSIFICATIONS OF EXPENSES

	v	ENDOR NUMBER		
	(1)	(2)	(3) Decrease	(4) Cost » Costser
•	Explanation	Amount	Amount	Affected
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	Total			400

TN # 90-6Supersedes Date TN # None

SEP 2 8 1991

\_\_ Date

10-1-90

### ANNUAL COST REPORT-SCHEDULE D-7-ADJUSTMENTS TO EXPENSE

VENI	OOR NAME	<u> </u>		FYE
	VENDOR NUMB	ER		
	(1)	(2)	(3)	(4)
	• •	Basis for	1	Sch. &
		Adjustmont		Line#
.:		1		
Line	Explanation	(A) or (B)	Amount	Affected
1	Laundry & Linen		<u> </u>	
2	Employee & Guest Meals	l		
3	Gift, Flower & Coffee Shoo			
4	Grants, Gifts & Income Designated			
	by the donor for a specific purpose		1	
5	Beauty & Barber Shop **		+	<del> </del>
	Excess Owners Compensation	<u> </u>	<del> </del>	
6				<del></del>
7	Telephone Serv.(Pay Serv. Excluded)			ļ
8	Radio & Television Service		1	
9	Vending Machine Commission			
10	Sale of Drugs to other than Patients			
11	Sale of Medical & Surgical Supplies			
	to other than Patients			]
12	Sale of Medical Record & Abstracts	<del></del>	<del> </del>	<del>                                     </del>
			+	<del> </del>
13	Sale of Scrap, Waste, Etc.			<del>                                     </del>
14	Rental of Quarters to Employees & Others		<del> </del>	ļ
15	Rental of Facility Space			
16	Trade, Quantity, Time & Other Discounts			
17	Rebates & Refunds of Expenses			
18	Interest Not Allowed			1
19	Recovery of Insured Loss			<u> </u>
20	Depreciation			<del> </del>
	•	<del></del>	<del> </del>	<del> </del>
21	Gain or Loss on Disposition of Assets	L	ļ	<u> </u>
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52				
5 <b>3</b>	Total			

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Sur	eı	sedes
זאיזי	#	None

Approval SEP 2 8 1990 Date

Effective - Date Page 900.18

10-1-90

<sup>• (</sup>A) COST (B) REVENUE

<sup>\*\*</sup> Beauty & Barber Shop Revenues in excess of Beauty & Barber Shop supply & personnel cost is to be adjusted in an Administrative & General cost center.

# ANNUAL COST REPORT -- SCHEDULE E -- ANCILLARY SETTLEMENT

VENDOR NAME		VENDOR NUM	BER	
(1)	(2)	(3)	(4)	(5)
	i			Receivable
	Direct	Medicaid	Medicaid	From KMAP
	(From Sch. D-5, Col. 6)	Direct	Payments	(Payable To KMAP)
Physical Therapy				
2 X-Ray				
1 Laboratory				
Oxygen/Respiratory Therapy				
5 Speech				
3 Other				
7 Drugs				
3 Total				

### ANNUAL COST REPORT-SCHEDULE F-ALLOCATION STATISTICS

VENDOR NAMEVEN	OOR NUMBER			E	
A. NURSING SALARIES					
1. CERTIFIED NURSING FACILI	ΓΥ			··	٦
2. OTHER					
3. CERT. NURSING FAC. PERCE	NTAGE	%		-	
ALLOCATION METHOD:					
PATIENT DAYS		VALID TIME ST			
DIRECT COST OTHER APPROVED METHOD _		DIRECT HOURS	· ——		
. SQUARE FOOTAGE	(1)	(2)	(3)	(4)	_
- SQUARE LOCIAGE	SQ. FT.	PERCENT	HOSPITA		7
1. CERT. NURSING FACILITY		1	SQ. FT.	PERCENT	1
2. OTHER					1
3. PHYSICAL THERAPY •					]
4. X-RAY •					
5. LABORATORY •					_
6. OXYGEN/RESP. THERAPY •	<u> </u>	<u> </u>			4
7. SPEECH •					4
8. OTHER * 9. DRUGS *		+			-{
10. TOTAL			·		+
For Hospital-Based Certified No.	rsing Facility O	ndy		1	.1
. DIETARY	(1)	(2)			
· DEFFECT	MEALS	PERCENT			
1. CERT. NURSING FACILITY		+			
2. ALL OTHER					
3. TOTAL					
. ANCILLARY CHARGES	(1) TOTAL	(2) CNF	(3) CNF %	(4) MEDICAID	(5) MEDICAL
1. PHYSICAL THERAPY					<del> </del>
2. X-RAY 3. LABORATORY					<del> </del>
4. OXYGEN/RESP. THERAPY		+	<del></del>		<del> </del>
5. SPEECH					<del> </del>
6. OTHER	·	†			<del></del>
7. DRUGS		+			1
8. TOTAL					
OCCUPANCY STATISTICS	(1)	(2)	(3)		
OCCUPANCY STATISTICS	CERTIFIED	OTHER	ACUTE		
OCCUPANCY STATISTICS	CERTIFIED NURSING	OTHER LONG-TERM			
	CERTIFIED	OTHER	ACUTE		
1. LICENSED BEDS AT	CERTIFIED NURSING	OTHER LONG-TERM	ACUTE		
LICENSED BEDS AT     BEGINNING OF PERIOD	CERTIFIED NURSING	OTHER LONG-TERM	ACUTE	, ,	
1. LICENSED BEDS AT	CERTIFIED NURSING	OTHER LONG-TERM	ACUTE		
LICENSED BEDS AT     BEGINNING OF PERIOD     LICENSED BEDS AT	CERTIFIED NURSING	OTHER LONG-TERM	ACUTE		
LICENSED BEDS AT     BEGINNING OF PERIOD     LICENSED BEDS AT     END OF PERIOD	CERTIFIED NURSING	OTHER LONG-TERM	ACUTE		
1. LICENSED BEDS AT BEGINNING OF PERIOD 2. LICENSED BEDS AT END OF PERIOD 3. BED DAYS AVAILABLE	CERTIFIED NURSING	OTHER LONG-TERM	ACUTE		
1. LICENSED BEDS AT BEGINNING OF PERIOD 2. LICENSED BEDS AT END OF PERIOD 3. BED DAYS AVAILABLE 4. TOTAL PATIENT DAYS 5. % OCCUPANCY 6. KMAP PATIENT DAYS	CERTIFIED NURSING	OTHER LONG-TERM	ACUTE		
1. LICENSED BEDS AT BEGINNING OF PERIOD 2. LICENSED BEDS AT END OF PERIOD 3. BED DAYS AVAILABLE 4. TOTAL PATIENT DAYS 5. % OCCUPANCY	CERTIFIED NURSING	OTHER LONG-TERM	ACUTE		
1. LICENSED BEDS AT BEGINNING OF PERIOD 2. LICENSED BEDS AT END OF PERIOD 3. BED DAYS AVAILABLE 4. TOTAL PATIENT DAYS 5. % OCCUPANCY 6. KMAP PATIENT DAYS 7. % KMAP OCCUPANCY	CERTIFIED NURSING	OTHER LONG-TERM	ACUTE		
1. LICENSED BEDS AT BEGINNING OF PERIOD 2. LICENSED BEDS AT END OF PERIOD 3. BED DAYS AVAILABLE 4. TOTAL PATIENT DAYS 5. % OCCUPANCY 6. KMAP PATIENT DAYS 7. % KMAP OCCUPANCY	CERTIFIED NURSING FACILITY	OTHER LONG-TERM CARE	ACUTE		
1. LICENSED BEDS AT BEGINNING OF PERIOD 2. LICENSED BEDS AT END OF PERIOD 3. BED DAYS AVAILABLE 4. TOTAL PATIENT DAYS 5. % OCCUPANCY 6. KMAP PATIENT DAYS 7. % KMAP OCCUPANCY ADDITIONAL STATISTICS 1. DIRECT ROUTINE NURSING H NURSING FACILITY ONLY	CERTIFIED NURSING FACILITY  OURS - CERTI	OTHER LONG-TERM CARE	ACUTE		
1. LICENSED BEDS AT BEGINNING OF PERIOD 2. LICENSED BEDS AT END OF PERIOD 3. BED DAYS AVAILABLE 4. TOTAL PATIENT DAYS 5. % OCCUPANCY 6. KMAP PATIENT DAYS 7. % KMAP OCCUPANCY  ADDITIONAL STATISTICS 1. DIRECT ROUTINE NURSING H NURSING FACILITY ONLY 2. TOTAL DIRECT DIETARY HOU	CERTIFIED NURSING FACILITY  OURS - CERTI	OTHER LONG-TERM CARE	ACUTE		
1. LICENSED BEDS AT BEGINNING OF PERIOD 2. LICENSED BEDS AT END OF PERIOD 3. BED DAYS AVAILABLE 4. TOTAL PATIENT DAYS 5. % OCCUPANCY 6. KMAP PATIENT DAYS 7. % KMAP OCCUPANCY ADDITIONAL STATISTICS 1. DIRECT ROUTINE NURSING H NURSING FACILITY ONLY	CERTIFIED NURSING FACILITY  OURS - CERTI	OTHER LONG-TERM CARE	ACUTE		
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TN # 90-6
Supersedes Date TN # None